## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600033525 1. Corporation Name

## Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90075 016 \*\*\*150.00

| V.L.T.R.,   | INC.  |                                 |                                 |   |                            |                       |
|---|---|---------------------------------|---------------------------------|---|----------------------------|-----------------------|
| Principal Plac  | e of Business   | Mailing Address                 |                                 | T 4 2014 801 310 18110 81111 80117 80111 60411  | SOIDE HINDS HINDS DIVING I | <b>FRON BURN SOUN</b> |
| 17076 S.W. 144 COURT 17076 S.W. 144 COURT MIAMI FL 33177 MIAMI FL 33177   |   |                                 |                                 | DO NOT WRITE IN   | THIS SPACE                 | •                     |
|   |   |                                 |                                 | 3. Date Incorporated or Qualifed 04/16/1996   | THIS OF AGE                |                       |
| 2. Principal Place of Business 2 $\mathcal{PL}$ . 2a. Mailing Address 21 $1437$ $W$ . 39 $\mathcal{PL}$ . 26 $1437$ $W$ . |   |                                 | 39 th PL                        | 4. FEI Number 65-0662782  | Not                        | Applicable            |
| Suite, Apt.   |   | Suite, Apt. #, etc.             |                                 |   | \$8.75 A                   | quired                |
| City & Stat   | LEAH, FL.   | City & State  28 HiA COA F      | 1, FC.                          | 6. Election Campaign Financing Trust Fund Contribution  | \$5.00 r<br>Added to       |                       |
| Zip<br>24 330   | 1 - 20  |                                 | Country<br>0 U 5 A              | This corporation owes the current ye     Personal Property Tax.                                 | ☐ Yes                      | MNo                   |
|   | 9. Name and Address of Curren   | t Registered Agent              | 81 Name                         | 10. Name and Address of New Regist  | ered Agent                 |                       |
| KAII  | FMAN, STEVEN D  |                                 | 81 Name                         |   |                            |                       |
| 8125 S.W. 120 STREET  |   |                                 | 82 Street Ad                    | dress (P.O. Box Number is Not Acceptable)   |                            |                       |
| MIAMI FL 33156  |   |                                 | 83                              | <del></del>   |                            |                       |
| ******  | / 2 33 133  |                                 | • •                             |   |                            |                       |
|   |   |                                 | 84 City                         |   | FL 85 Zip C                |                       |
| office or r   | to the provisions of Sections 607.050<br>registered agent, or both, in the State<br>am familiar with, and accept the obliga | of Florida. Such change was aut | thorized by the corpora         | orporation submits this statement for the purporation's board of directors. I hereby accept the | appointment as reg         | jistered              |
| SIGNATURE   |   | WOTE !                          | Registered Agent signature requ | DA  | TE.                        |                       |
| 12,   | Signature, typed or printed name of registered ager OFFICERS AN   | D DIRECTORS                     | 13.                             | ADDITIONS/CHANGES TO OFFICE   |                            | RS IN 12              |
| TITLE   | D   | ☐ DELETE                        | 1.1 TITLE                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | Change                     | Addition              |
| NAME  | BONACHEA, RAUL T  |                                 | 1.2 NAME                        | _ A   | 01                         | }                     |
| STREET ADDRESS  | ATOTA OUL AAA OT  |                                 | 1.3 STREET ADDRESS              | 1437 W. 39 th   | ٧.                         |                       |
| CITY-ST-ZIP   | MIAMI FL 33177  |                                 | 1.4 CITY-ST-ZIP                 | HIALEAH, FL. 3  | 3012                       |                       |
| TITLE   | D   | DELETE                          | 2.1 TITLE                       |   | Change                     | ☐ Addition }          |
| NAME  | BONACHEA, LIZZETTE V  |                                 | 2 2 NAME                        |   |                            | [                     |
| STREET ADDRESS  | 17076 SW 144 CT.  |                                 | 2 3 STREET ADDRESS              |   |                            | - 1                   |
| CITY-ST-ZIP   | MIAMI FL 33177  |                                 | 2. 4 CITY-ST-ZIP                |   |                            |                       |
| TITLE   | •   | ☐ DELETE                        | 3.1 TITLE                       |   | ☐ Change                   | Addition              |
| NAME  |   |                                 | 3.2 NAME                        |   |                            |                       |
| STREET ADDRESS  |   |                                 | 3.3 STREET ADDRESS              |   |                            |                       |
| CITY-ST-ZIP   |   |                                 | 3.4. CITY-ST-ZIP                |   | Change                     | Addition              |
| TITLE   |   | ☐ DELETE                        | 4.1 TITLE                       |   | ☐ Change                   | ☐ Addition            |
| NAME  |   |                                 | 4. 2 NAME                       |   |                            | Î                     |
| STREET ADDRESS  |   |                                 | 4.3 STREET ADDRESS              |   |                            |                       |
| CITY-ST-ZIP   | <del></del>   | ☐ DELETE                        | 4.4 CITY-ST-ZIP                 |   | Change                     | ☐ Addition            |
| TITLE   |   |                                 | 5.1 TITLE<br>5.2 NAME           |   | C) Ollarige                |                       |
| NAME  |   |                                 | 5.3 STREET ADDRESS              |   |                            |                       |
| STREET ADDRESS  |   |                                 | 54 CITY-ST-ZIP                  |   |                            |                       |
| CITY-ST-ZIP<br>TITLE  |   | DELETE                          | 6.1 TITLE                       |   | Change                     | Addition              |
|   |   |                                 | 6.2 NAME                        |   |                            | _                     |
| NAME<br>STREET ADDRESS  |   |                                 | 6.3 STREET ADDRESS              |   |                            |                       |
|   |   |                                 |                                 |   |                            |                       |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

T. BONDE DOOR RAUL TEDBONACHEA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)253-1000